## FEC FORM 9 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations					
	(a) Name				
_	Mr. George Roger Siegel, Esquire				
_	(b) Address (number and street) check if different than previously reported 1750 Pennsylvania Ave. NW US Post Office Box # 27527			2. FEC Identification Number	
	(c) City, State and ZIP Code Washington DC	DC 20038		C C00000000	
_	(d) Name of Employer or Principal Place of Business		(e) Occupation	on	
	Mr. George Roger Siegel, Esquire	Organizer Employee Owned Office Staffs			
3.	Is This Statement or Amended	4. Covering Po	<sup>™</sup> 1 0 <b>eriod</b> <sup>™</sup> 1 0	′ 31 ′ 2006 ′ through ′ 31 ′ 2007	
5.	(a) Date of Public Distribution(s) 10 ' 31 ' 2006 (b) Communication Title America's Employee Owned Office Staffs				
6.	Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10(c)? Yes ☐ No 🗵				
7.	Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?				
8.	Custodian of Records  (a) Name  Mr. George Roger Siegel, Esquire				
	(b) Address (number and street) 1750 Pennsylvania Ave. NW Washington DC				
(c) City, State and ZIP Code  Washington DC 20038					
				38	
(d) Name of Employer or Principal Place of Business (e) Occupation			ion		
	USA Employee Owned Office Staffs Assn.	<b>_</b>	Organizer Employee Owned Staffs		
9. Total Donations This Statement				1000.00	
10.Total Disbursements/Obligations This Statement 1000.00				1000.00	
Under penalty of perjury, I certify that this statement is true, correct and complete. In addition, if the electioneering communications reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.					
	TYPE OR PRINT NAME OF PERSON COMPLETING	FORM Mr. George R	loger S <mark>legel, Esqui</mark> n	e	
	SIGNATURE		DATE11	1/09/2006	